



REGISTER BY OCTOBER 8, 2016 TO RECEIVE A FREE T-SHIRT!

☐ ADULT (\$35) ☐ CHILD (\$20-children 17 & under) ☐ FAMILY (\$105 5 members max. 2 adults)

Name: _____ Birthdate: _____ Shirt Size: _____

Address: _____ City: _____ Zip: _____

Doctor/Health Plan: _____ Member #: _____

Day Phone: () _____ Evening Phone: () _____

Emergency Contact: _____ Emer. Contact Phone: () _____

Email: _____

***Additional participant(s) information on backside of this form.**

I, _____ declare that I am the parent/legal guardian of _____. I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also grant full permission to the City of Milpitas to use the name and any photographs, videographs, motion pictures or recordings of the individuals named herein for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate. I have read, understand and agree to all of the policies of Milpitas Parks and Recreation Services' in regards to Refund/Cancellations, Transfers, Late Pick-Ups, Camp and Workshop Refunds/Transfers, Code of Conduct and Discipline Plan, and Class Cancellations and Wait Lists listed in the current Activity Guide, on the website and/or on the back of this form. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE ON BEHALF OF MYSELF AND THE INDIVIDUALS NAMED HEREIN.

Photo/Video Release: I agree to allow the use of my/my children(s) photograph and/or video for program publicity.

☐ Yes

☐ No

Signature _____ Date _____

Print Name _____ ☐ Participant ☐ Parent ☐ Legal Guardian

Name: _____ Birthdate: _____ Shirt Size: _____
Address: _____ City: _____ Zip: _____
Doctor/Health Plan: _____ Member #: _____
Day Phone: () _____ Evening Phone: () _____
Emergency Contact: _____ Emer. Contact Phone: () _____
Email: _____

**Photo/Video Release: I agree to allow the use of my/my children(s)
photograph and/or video for program publicity.**

☐ Yes

☐ No

Signature _____ Date _____
Print Name _____ ☐ Participant ☐ Parent ☐ Legal Guardian

Name: _____ Birthdate: _____ Shirt Size: _____
Address: _____ City: _____ Zip: _____
Doctor/Health Plan: _____ Member #: _____
Day Phone: () _____ Evening Phone: () _____
Emergency Contact: _____ Emer. Contact Phone: () _____
Email: _____

**Photo/Video Release: I agree to allow the use of my/my children(s)
photograph and/or video for program publicity.**

☐ Yes

☐ No

Signature _____ Date _____
Print Name _____ ☐ Participant ☐ Parent ☐ Legal Guardian

Name: _____ Birthdate: _____ Shirt Size: _____
Address: _____ City: _____ Zip: _____
Doctor/Health Plan: _____ Member #: _____
Day Phone: () _____ Evening Phone: () _____
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Email: _____

**Photo/Video Release: I agree to allow the use of my/my children(s)
photograph and/or video for program publicity.**

☐ Yes

☐ No

Signature _____ Date _____
Print Name _____ ☐ Participant ☐ Parent ☐ Legal Guardian

Name: _____ Birthdate: _____ Shirt Size: _____
Address: _____ City: _____ Zip: _____
Doctor/Health Plan: _____ Member #: _____
Day Phone: () _____ Evening Phone: () _____
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Email: _____

**Photo/Video Release: I agree to allow the use of my/my children(s)
photograph and/or video for program publicity.**

☐ Yes

☐ No

Signature _____ Date _____
Print Name _____ ☐ Participant ☐ Parent ☐ Legal Guardian